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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none* *MY* *5/4/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

NEW ZEALAND 520444 07/30/2002

*MY* *5/4/06*

NEW ZEALAND 524351 02/24/2003

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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NEW ZEALAND	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Maria Hoica</i> Examiner's Signature <i>MY</i> Initials				

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## TITLE

System and method for displaying a nutritional program

FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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